

Health Status of Montana Adults Enrolled in Medicaid, 2012

Background

In Montana, adults meet the basic requirements to be eligible for Medicaid benefits if they are the parents or other related adults of dependent children and the family income is 33% or less of federal poverty level (FPL); a pregnant women whose income is 150% or less of FPL; or a person who is blind or disabled based on criteria set by the Social Security Administration.¹ As such, adults enrolled in Medicaid include people who are highly impoverished and disabled. Living in poverty and living with a disability have both been repeatedly associated with health disparities.²⁻⁷ In 2012, The Montana Chronic Disease Prevention and Health Promotion (CDPHP) Bureau collaborated with the Medicaid Program to conduct a telephone survey of a representative sample of adults aged 18 to 64 enrolled in Medicaid to assess the health status and utilization of preventive services among this population. This report summarizes major findings from the survey.

Results

Adults enrolled in Medicaid had a similar age distribution as all Montana adults between the ages of 18 and 64 years (Table 1). However, race and sex distributions of

adults enrolled in Medicaid and all Montana adults were significantly different. Medicaid enrolled adults identified themselves as American Indian or other racial minorities more often than all Montana adults. Nearly two thirds of all adults enrolled in Medicaid were female while there was a nearly equal proportion of males and females in the total population. Finally, due to Medicaid eligibility criteria, over 70% of adults enrolled in Medicaid reported having a disability, defined as having serious difficulty in at least one of the following areas: hearing, vision, cognition, walking, self-care, or independent living.

Table 1. Age, Race, and Sex Distribution of Adults Enrolled in Medicaid Compared to All Adults Aged 18 to 64 years, Montana, 2012.

	Adults Enrolled in Medicaid (18 to 64)		All Montana Adults (18 to 64)s	
	%	(95% CI)	%	(95% CI)
Age 18—24	16.7	(14.8-18.6)	16.2	(14.7-17.7)
Age 25—34	19.6	(17.6-21.7)	19.8	(18.4-21.2)
Age 35—44	16.8	(14.9-18.8)	18.5	(17.1-19.9)
Age 45—54	23.3	(21.1-25.8)	23.8	(22.3-25.2)
Age 55—64	23.6	(21.4-25.8)	21.8	(20.6-23.0)
White	76.3	(74.1-78.5)	88.0	(86.9-89.1)
American Indian	15.1	(13.3-17.0)	5.9	(5.2-6.6)
Other	8.5	(7.1-10.1)	6.1	(5.2-7.0)
Male	35.3	(32.9-37.8)	50.8	(49.0-52.5)
Female	64.7	(62.2-67.1)	49.2	(47.5-51.0)
Any Disability*	70.1	(67.7-72.5)	10.5	(9.9-11.1)

§Estimates for all Montana adults are from the 2011 Behavioral Risk Factor Surveillance System.

* Any disability is defined as having serious difficulty in at least one of the following areas: hearing, vision, cognition, walking, self-care, or independent living. Disability data for all Montana adults is taken from the 2010 1-year estimates of the American Community Survey.

Behavioral Risks

Adults enrolled in Medicaid reported participating in no physical activity outside of their regular job duties about 50% more often than all Montana adults (Table 2). Adults enrolled in Medicaid were classified as overweight less often than all Montana adults of the same age. However, this difference was not accounted for by an increase in normal weight adults. Instead, Medicaid enrolled adults were classified as obese about 60% more often than all adults. Although adults enrolled in Medicaid reported using smokeless tobacco less often, they reported currently smoking cigarettes significantly more often than all Montana adults (34% vs. 25%). Nearly one-fourth (24%) of adults enrolled in Medicaid allowed smoking inside their home, putting themselves and their family at risk for exposure to second-hand smoke.

Chronic Conditions

Two out of every five adults enrolled in Medicaid (42%) reported their general health to be fair or poor, almost three times more often than all Montana adults of the same age (Table 3). Adults enrolled in Medicaid also reported having specific chronic condi-

tions more frequently than all Montana adults. The largest differences between all Montana adults and adults enrolled in Medicaid were in the prevalence of stroke and having multiple chronic conditions; both were reported by adults enrolled in Medicaid about five times more often. Chronic Obstructive Pulmonary Disease (COPD) was reported by adults enrolled in Medicaid almost four times more often. Heart attack, coronary heart disease, current asthma, diabetes, and ever being diagnosed with cancer were all reported between two and three times more often among adults enrolled in Medicaid compared to all Montana adults of the same age.

Clinical Preventive Services and Access to Healthcare

Women enrolled in Medicaid reported inadequate breast cancer screening with the same frequency as all Montana women of the same age (Table 4). However, women enrolled in Medicaid reported inadequate cervical cancer screening significantly more often than all Montana women of the same age (27% vs. 21%). Adults enrolled in Medicaid reported not having a routine check-up in the past year and not

Table 2. Behavioral Risks Among Adults Enrolled in Medicaid Compared to All Adults Aged 18 to 64 years, Montana, 2012.

	Adults Enrolled in Medicaid (18 to 64)		All Montana Adults (18 to 64)§		Prevalence Ratio (Medicaid \All)
	%	(95% CI)	%	(95% CI)	
No Physical Activity	32.7	(30.3-35.2)	22.3	(20.8-23.8)	1.47
Overweight	24.1	(21.9-26.4)	34.4	(32.8-36.1)	0.70
Obese	41.1	(38.5-43.6)	25.4	(23.8-26.9)	1.62
Current Cigarette Smoker	34.1	(31.7-36.6)	24.8	(23.3-26.4)	1.38
Current Smokeless Tobacco User	4.4	(3.2-5.6)	8.3	(7.3-9.2)	0.53
Allow Smoking Inside Their Home	23.7	(21.5-25.9)	14.9	(5.5-24.3)	1.59

§Estimates for all Montana adults are from the 2011 Behavioral Risk Factor Surveillance System with the exception of allowing smoking inside their home which is from the 2009 Montana Adult Tobacco Survey.

Table 3. Chronic Conditions Among Adults Enrolled in Medicaid Compared to All Adults Aged 18 to 64 years, Montana, 2012.

	Adults Enrolled in Medicaid (18 to 64)		All Montana Adults (18 to 64)§		Prevalence Ratio (Medicaid \All)
	%	(95% CI)	%	(95% CI)	
Heart Attack	6.9	(5.6-8.2)	2.8	(2.1-3.4)	2.49
Coronary Heart Disease	5.0	(3.9-6.2)	2.3	(1.7-2.9)	2.19
Stroke	7.8	(6.4-9.2)	1.6	(1.2-1.9)	5.02
Hypertension	29.7	(27.3-32.0)	23.2	(21.8-24.6)	1.28
High Cholesterol	38.9	(35.8-42.0)	29.2	(27.4-30.9)	1.33
Current Asthma	19.5	(17.4-21.5)	9.6	(8.5-10.7)	2.03
COPD	16.8	(14.8-18.7)	4.6	(3.9-5.3)	3.66
Cancer	11.7	(10.1-13.3)	5.1	(4.4-5.7)	2.30
Arthritis	39.0	(36.4-41.5)	20.6	(19.3-21.9)	1.89
Diabetes	15.5	(13.6-17.4)	5.2	(4.5-6.0)	2.96
2 + Chronic Conditions	45.0	(42.4-47.5)	9.0	(8.1-10.1)	4.98
Fair or Poor General Health	41.9	(39.3-44.4)	15.0	(13.7-16.2)	2.80

§Estimates for all Montana adults are from the 2011 Behavioral Risk Factor Surveillance System.

Table 4. Clinical Preventive Services and Access to Healthcare Among Adults Enrolled in Medicaid Compared to All Adults Aged 18 to 64 years, Montana, 2012.

	Adults Enrolled in Medicaid (18 to 64)		All Montana Adults (18 to 64)§		Prevalence Ratio (Medicaid \All)
	%	(95% CI)	%	(95% CI)	
Inadequate Breast Cancer Screening*	25.1	(20.4-29.8)	28.7	(25.8-31.7)	0.87
Inadequate Cervical Cancer Screening*	26.8	(23.8-29.9)	21.1	(19.0-23.2)	1.27
Inadequate Colorectal Cancer Screening*	47.3	(43.1-51.5)	48.0	(45.5-50.6)	0.99
No Flu Shot in past year	55.4	(52.8-58.0)	71.8	(70.3-73.3)	0.77
No Personal Healthcare Provider	16.9	(15.0-18.8)	32.8	(31.1-34.5)	0.52
Didn't see Dr. due to Cost in past year	19.4	(17.4-21.4)	18.2	(16.8-19.6)	1.07
No Routine Check-up in the past year	26.4	(24.1-28.7)	49.2	(47.5-51.0)	0.54

§Estimates for all Montana adults are from the 2011 Behavioral Risk Factor Surveillance System.

*See current recommendations for breast, cervical and colorectal cancer screening at www.uspreventiveservicestaskforce.org/adultrec.htm

having a personal health care provider about half as often as all Montana adults. More than half (55%) of adults enrolled in Medicaid reported not having a flu shot in past year, significantly less than all Montana adults of the same age. About one in five adults enrolled in Medicaid reported not seeking medical care because of cost in the past year, a similar proportion as among all Montana adults.

Conclusions

Our findings show that adults enrolled in Medicaid had significant health disparities relative to the population as a whole. The prevalence of cardiovascular disease, hypertension, high cholesterol, lung disease, arthritis, diabetes, and multiple chronic conditions was significantly higher among the Medicaid respondents as compared to the general population. Adults enrolled in Medicaid also had significantly higher rates of behavioral risks including physical inactivity, obesity, and smoking. However, almost two-

thirds (74%) of adults enrolled in Medicaid reported seeing their health care provider for a routine check-up within the past year. It is essential that primary care providers and public health organizations work together to prevent chronic disease and improve chronic disease self-management among the Medicaid population.

Community-based programs that help people prevent and manage chronic disease such as the Arthritis Foundation Exercise Program, Chronic Disease Self-Management Program, Quit Line Tobacco Cessation Program, and Diabetes Prevention Program (DPP) are great resources for all Montana adults but especially for adults enrolled in Medicaid. To increase participation, the CDPHP bureau has targeted marketing for these programs to adults enrolled in Medicaid and their healthcare providers. For example, the Montana Tobacco Use Prevention Program has used specific media campaigns to market the Tobacco Quit Line to the Medicaid population. These campaigns included TV, radio, and print ads as well as

Table 5. Community-Based Chronic Disease Programs Available in Montana

Program	Program Description	Website
Arthritis Foundation Exercise Program Walk With Ease	Helps adults with arthritis adopt and maintain an exercise routine in order to improve function and decrease pain.	www.dphhs.mt.gov/arthritis or www.arthritis.org/montana
Chronic Disease Self-Management Program	Helps adults with one or more chronic conditions learn how to take control of their own health.	www.dphhs.mt.gov/arthritis
Quit Line Tobacco Cessation	Offers free telephone counseling and nicotine replacement therapy, and certain cessation medications at a reduced cost to Montana tobacco users.	http://tobaccofree.mt.gov 1-800-QUIT-NOW
Diabetes Prevention Program	Offers intensive counseling on healthy diet and exercise to help adults with high risk for type 2 diabetes and cardiovascular disease adopt healthy lifestyles.	http://www.mtprevention.org/

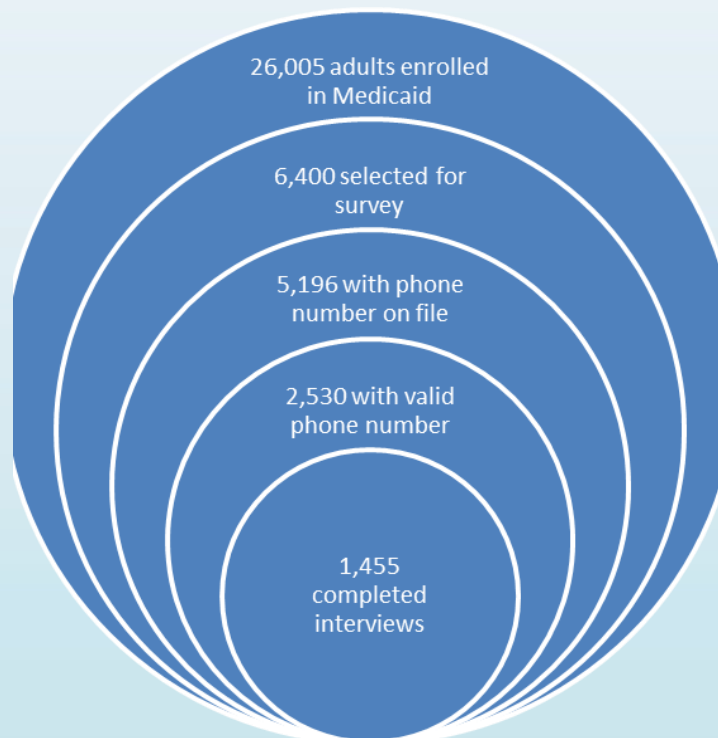
direct mailings. Another example is the Medicaid Incentives to prevent Chronic Disease (MIPCD) Program. The MIPCD program is a partnership between the Montana Medicaid Managed Care (MMMC) bureau and the CDPHP bureau to offer incentives to adults enrolled in Medicaid who are participating in DPP and to evaluate the impact of these incentives on health outcomes. To ensure sustainability of community-based chronic disease programs, the CDPHP bureau and the MMMC bureau secured Medicaid reimbursement for providers of these programs. Montana was the first and may still be the only state to reimburse providers for DPP services delivered to eligible Medicaid beneficiaries. Medicaid reimbursement helps to ensure that providers are able to continue to offer the program and gives the provider incentive to recruit adults enrolled in Medicaid. For more information about these community-based programs see Table 5.

Montana Medicaid currently offers comprehensive prevention benefits including immunizations, screening for breast, cervical, and colorectal cancer, comprehensive coverage of tobacco cessation medications, and provider reimbursement for tobacco cessation counseling and diabetes self-management education. However, these benefits are often not utilized fully. The CDPHP bureau promotes the use of these benefits to enrolled adults and their healthcare provider through mailings and other outreach. For example, the Comprehensive Cancer Control program sent targeted education materials to Medicaid enrolled adults aged of 50 to 75 about the need for colorectal cancer screening. The CDPHP bureau will continue to strengthen their relationship with the Montana Medicaid Managed Care Bureau in order to plan and implement other strategies for meeting the needs of this population.

Methods

A list of all adults (ages 18 to 64 years of age) currently enrolled in Medicaid as of March 2012 was obtained from the Montana Medicaid Managed Care Bureau. From this list of 26,005 adults, 6,400 records were selected for inclusion in the survey (Figure 1). Records were selected in a two stage simple random sample. The first sample drawn included 4,000 records and a second sample was later drawn of an additional 2,400 records. Pre-survey notification letters were sent out to all people drawn into the sample. Two versions of the letter were drafted, one for those with a phone number on file (n=5099) and one for those with no known phone number (n=1301). The letter to people with a phone number included an invitation to update their contact information if they

Figure 1. Medicaid Health and Chronic Disease Survey Study Population, Montana, 2012



chose to do so. The letter to people without a phone number available asked potential responders to send in a phone number at which they could be contacted to complete the survey; a postage paid envelope was included. Of those, 97 potential respondents sent in a phone number where they could be reached for the survey. This resulted in a total of 5,196 records with phone numbers in the final sample. More than half (2,654) of these phone numbers were determined to be disconnected, no longer current, or otherwise not eligible, leaving 2,530 potentially eligible numbers. Phone numbers were called up to 20 times (for an average of 5.31 attempts) before further attempts to obtain a completed survey were discontinued. The survey was made accessible

to respondents with a disability that prohibited participation by phone. Caregivers of selected respondents with a disability were asked to either assist the respondent in completing the survey or act as a surrogate respondent. These surrogate respondents resulted in 123 completed interviews. A total of 1,455 interviews were completed for a cooperation rate (# of completed interviews divided by # of adults contacted by phone) of 57.5%.

The survey consisted of 104 questions covering a variety of topics including: chronic diseases, chronic disease risk factors, and clinical preventive services. Survey questions were taken largely from the Behavioral Risk Factor Surveillance System with some additional questions from the Adult Tobacco Survey and the American Community Survey. See attached questionnaire for more detail.

Survey respondents were demographically similar to all adults enrolled in Medicaid with respect to race and gender (Table 6). However, a higher proportion of survey respondents (47%) were age 45 or older compared to all Medicaid adults (36%). And conversely, a lower proportion of survey respondents were age 18 to 34 years. Additionally, 12 survey respondents reported being age 65 despite the inclusion criteria of being age 18 to 64 years. These respondents were still included in final data analysis as they were within the specified age limits at the time the sampling frame was compiled.

Table 6. Age, Race, and Sex Distribution of Survey Respondents Compared to All Adults Enrolled in Medicaid aged 18 to 64 years, Montana, 2012.

	Survey Respondents		All Adults Enrolled in Medicaid	
	N	%	N	%
Age 18—24	240	16.7	5,992	23.0
Age 25—34	282	19.6	6,397	24.6
Age 35—44	242	16.8	4,324	16.6
Age 45—54	335	23.3	4,938	19.0
Age 55—64	327	22.7	4,354	16.7
Age 65+	12	0.83	0	0.0
unknown	17		0	
White	1,099	76.3	20,421	78.5
American Indian	218	15.1	5,001	19.2
Other	123	8.5	583	2.2
unknown	15		0	
Male	514	35.3	9,791	37.7
Female	941	64.7	16,214	62.4
unknown	0		0	

Survey Limitations

First, although the survey was able to obtain a large sample size, the sample may not be representative of Montana's adult Medicaid population as a whole. Almost a third (32.5%) of adults included in our sampling frame did not have a current phone number listed. These adults were included in the sample by soliciting a current phone number via mail outreach

as described in the methods section. However, they responded to the survey at a much lower rate than those with a phone number listed. Also, many adults enrolled in Medicaid have intellectual or developmental disabilities that may prevent them from completing a telephone survey. These respondents were offered the opportunity to participate by allowing a caregiver to be a proxy respondent. However, this group may have been more likely to refuse to participate than adults without such disabilities. As shown in Table 6, survey respondents were similar to all adults enrolled in Medicaid with respect to race and gender distribution although there was some difference in the age distribution. The second limitation is that our survey, like the BRFSS, relied on self-reported data. All self-reported data are subject to bias due to the tendency to not fully remember past events or behaviors and to offer answers that are socially desirable. Significant differences in rates of cancer screening and receiving a flu shot were seen when comparing self-reported data and Medicaid claims data. When analyzing claims for women ages 21 to 64 years who were continuously enrolled in Medicaid for at least 2 years only 26% were up to date on cervical cancer screening. Claims data also indicated that only 40% of women ages 50 to 74 years who are continuously enrolled in Medicaid for at least 2 years are up to date on breast cancer screening and only 17% of all adults who were continuously enrolled for at least one year have had a flu shot in the past year. These differences may be due to a variety of reasons: there may be inaccuracies in the self-reported data; the survey respondents may have had these services when they were not enrolled in Medicaid; or the population of continuously enrolled adults may be significantly different from the total Medicaid population at any given time.

References

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To prevent and manage chronic disease among adults enrolled in Medicaid:

- Refer patients/clients to Community-Based programs
- Educate patients/clients on existing Medicaid benefits
- Visit the DPHHS website for more information

<http://www.dphhs.mt.gov/publichealth/index.shtml>

Adults Enrolled in Medicaid had significant health disparities

The prevalence of:

- Cardiovascular disease

- Hypertension

- High cholesterol

- Lung disease

- Arthritis

- Diabetes

- Multiple chronic conditions

- Physical inactivity

- Obesity

- Current smoking

was higher among Medicaid enrolled adults compared to all Montana adults of the same age.



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